

JAN 05 2007

PTO/SB/61 (01-06)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM

Application Number	10/535,808
Filing Date	05/19/05
First Named Inventor	Kubakci et al
Title	Diagnostic Method for Disease by...
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	26605.00001

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioner associated with the Customer Number:

29880

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Country			
Telephone	Email		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66)

SIGNATURE of Applicant or Assignee of Record

Signature	Date	12/1/05
Name	Corin E. Geacintov	Telephone 703 233 2079
Title and Company	President & CEO, DRG International, Inc.	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.

 Total of : forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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INDICATION FORM

Application Number	10535,608
Filing Date	03/19/05
First Named Inventor	Kulatsiz et al
Title	Diagnostic Method for Disease by...
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	26603.00001

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Alfred Danekro</i>	Date	10-12-06
Name	Alfred Danekro	Telephone	
Title and Company			

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INDICATION FORM

Application Number	10/535,608
Filing Date	05/19/05
First Named Inventor	Kutalukiz et al
Title	Diagnostic Method for Disease by...
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	26005.00001

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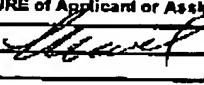
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<input type="checkbox"/> Firm or Individual Name			
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Telephone	E-mail		

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 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(d) is enclosed. (Form PTO/SB/65)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	12.12.06
Name	Wolfgang Strammler	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 4 forms are submitted.

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INDICATION FORM

Application Number	10/535,608
Filing Date	05/19/05
First Named Inventor	Kulakoski et al
Title	Diagnostic Method for Disease by...
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	26605.00001

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

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<input type="checkbox"/> Firm/ Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

 Applicant/inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/60)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Hissan Kulakoski</i>	Date	
Name	Hissan Kulakoski	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, e.g. below.

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